

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

Memorandum No: 06-71
Issued: August 24, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
<http://maa.dshs.wa.gov/pharmacy/>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after October 1, 2006, the Health and Recovery Services Administration (HRSA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list; and
2. Adjustments to existing MACs; and
3. Deletions from the MAC list.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 10/01/06
AZITHROMYCIN (15ML SIZE)	200MG-5ML	SUSP RECON	\$1.64376
AZITHROMYCIN (22.5ML SIZE)	200MG-5ML	SUSP RECON	\$1.09577
AZITHROMYCIN (30ML SIZE)	200MG-5ML	SUSP RECON	\$0.82188
CLINDAMYCIN HCL	150MG	CAPSULE	\$0.13490
CLINDAMYCIN HCL	300MG	CAPSULE	\$0.64860
CLOTRIMAZOLE/ BETAMETHASONE DIPROP (15GM SIZE)	1-0.05%	CREAM	\$0.37533
CLOTRIMAZOLE/ BETAMETHASONE DIPROP (45GM SIZE)	1-0.05%	CREAM	\$0.17463
HYDROCODONE/ ACETAMINOPHEN	5-325MG	TABLET	\$0.28500
HYDROCODONE/ ACETAMINOPHEN	7.5-325MG	TABLET	\$0.32210
HYDROCODONE/ ACETAMINOPHEN	10-500MG	TABLET	\$0.16530
LEVOTHYROXINE SODIUM	50MCG	TABLET	\$0.12750

MAC Additions, cont.

LEVOTHYROXINE SODIUM	88MCG	TABLET	\$0.14280
LEVOTHYROXINE SODIUM	112MCG	TABLET	\$0.16750
LEVOTHYROXINE SODIUM	200MCG	TABLET	\$0.21000
LEVOTHYROXINE SODIUM	300MCG	TABLET	\$0.29780
MELOXICAM	7.5MG	TABLET	\$0.09500
MELOXICAM	15MG	TABLET	\$0.13030
P-EPHED SUL/LORATADINE (NDC #00904-5726-48)	240-10MG	TAB SR 24HR	\$0.61733
P-EPHED SUL/LORATADINE (NDC #37205-0348-52)	240-10MG	TAB SR 24HR	\$0.54000
P-EPHED SUL/LORATADINE (NDC #37205-0348-88)	240-10MG	TAB SR 24HR	\$0.44333
P-EPHED SUL/LORATADINE (NDC #37205-0348-94)	240-10MG	TAB SR 24HR	\$0.95900
SIMVASTATIN	5MG	TABLET	\$1.49390
SIMVASTATIN	10MG	TABLET	\$2.00910
SIMVASTATIN	20MG	TABLET	\$3.45380
SIMVASTATIN	40MG	TABLET	\$3.45380
SIMVASTATIN	80MG	TABLET	\$3.50400

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 10/01/06
NITROFURANTOIN MACROCRYSTAL	50MG	CAPSULE	\$0.61480
NITROFURANTOIN MACROCRYSTAL	100MG	CAPSULE	\$1.02050
QUININE SULFATE	325MG	CAPSULE	\$0.48760
SPIRONOLACTONE	50MG	TABLET	\$0.41140
SPIRONOLACTONE	100MG	TABLET	\$0.72360
TRIAMCINOLONE (NDC #51672-1267-05)	0.1%	PASTE	\$4.30060

3. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 10/01/06
DESOXIMETASONE	0.05%	CREAM	\$0.00000
HUM INSULIN NPH/ REG INSULIN HM	70-30 U/ML	VIAL	\$0.00000

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)